

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101772537  
APPLICANT(S)

5/15/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.			3			
TOTAL CLAIMS			6			

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				